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P L E / L E T · P L A ·	Address 108	STREET	RKHUAST DAIN	e, Clevelan	1d. 11, C	COUNTY	4	Tel. CZ / 780	-3
Out-of-town	residents show	uld state whethe	er return shipment is require	d. YES] NO				
Please enclos	se Registration	Fee of \$2:00 (Check or Money Order) with	Entry Blank					
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This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

The submission of entries will be construed as acceptance of all conditions printed

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by

_ Artist _ Nicholas

FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE

THE CLEVELAND MUSEUM OF ART

Collaborator if any __

MAY 8 to JUNE 16, 1963

IMPORTANT

July 25, 1963.

in this entry blank.